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Attorneys for Defendant R. Hueso

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF CALIFORNIA

STEPHEN ESCONDON MEDINA,

Plaintiff,

v.

R. HUESO,

Defendants.

Case No.: 08 CV 0896 JLS (RBB)

**DECLARATION OF D. BELL IN
SUPPORT OF DEFENDANT'S
MOTION TO DISMISS THE
COMPLAINT**

Hearing: September 15, 2008
Time: 10:00 a.m.
Courtroom: B
Judge: The Honorable
Ruben B. Brooks

I, D. BELL, declare:

1. I have personal knowledge of the facts stated herein and if I were called as a witness in a court of law, I would and could competently testify in support thereof.

2. I have been employed by the California Department of Corrections and Rehabilitation (CDCR) for 16 years. I am currently the Appeals Coordinator at Calipatria State Prison (Calipatria) in Calipatria, California. I have held this position for approximately three years. From my assignment, I am familiar with the inmate appeals process and the handling of

1 inmate appeals, also known as Form 602s.

2 3. The California Department of Corrections and Rehabilitation has a comprehensive
3 appeals system for prisoner complaints, described in the California Code of Regulations, Title
4 15, Section 3084, et. seq. Section 3084.1(a) provides that any inmate may appeal any
5 departmental decision, action, condition, or policy which he/she can reasonably demonstrate as
6 having an adverse effect upon his/her welfare. In order to exhaust this process, the inmate must
7 complete four levels of appeal: (1) attempted informal resolution; (2) first formal level appeal;
8 (3) second formal level appeal to the institution head or designee; and (4) third level appeal to the
9 Director of Corrections.

10 4. At the request of the Attorney General's Office, I have completed a search in our
11 Inmate/Parolee Appeals Tracking System for appeals filed by Plaintiff, Stephen Escondon
12 Medina, CDCR # E-63667, while incarcerated at Calipatria State Prison after July 18, 2007,
13 regarding a car accident occurring on July 18, 2007, involving Defendants Hueso or Castone.

14 5. A thorough search of our records, which are kept in the ordinary course of
15 business, at or near the time this office receives an inmate appeal, revealed that Plaintiff filed one
16 appeal related to the allegations stated above that was processed in this office.

17 6. Attached as Exhibit A is a true and correct copy of the 602 appeal filed by
18 Plaintiff. This appeal was received in our office on November 20, 2007. In this appeal, Plaintiff
19 complained that he was injured in an accident on July 18, 2007. Additionally, Plaintiff claimed
20 Defendants Castone and Hueso were deliberately indifferent in failing to protect Plaintiff from
21 being injured. On November 30, 2007, this appeal was screened out at the first level of review
22 because of time constraints. The screen-out letter explained to Plaintiff that if he believed the
23 screen-out to be in error, he should send an explanation. No explanation was received from
24 Plaintiff indicating why his appeal was file nearly four months after the incident he complains
25 of. Therefore, this appeal was never accepted for review.

26 ///

27 ///

28 ///

1 7. Plaintiff has not filed any other appeal mentioning the accident occurring on July
2 18, 2007.

3 I declare under penalty of perjury under the laws of the United States that the foregoing
4 is true and correct to the best of my knowledge.

5 Executed this 1st day of August, 2008, at Calipatria, California.

6
7 D Bell
8 D. BELL, Appeals Coordinator
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13 70132079.wpd

14 SD2008700629
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EXHIBIT A

Attachment A

State of California

Memorandum

Date: 11/28/07

To: T. Ochoa
Chief Deputy Warden**CONFIDENTIAL
DO NOT COPY**Subject: **DETERMINATION OF STAFF COMPLAINT**

The attached appeal from inmate/parolee, CDC# Medina, BLAN, dated 11/10/07, reflects a complaint against staff. Pursuant to Administrative Bulletin 05-03, please review the attached appeal and determine the following:

- ☐ The complaint warrants a request for an internal affairs investigation.
☐ The complaint shall be addressed by appropriate supervisory staff.
☐ The appeal does not meet the requirement for assignment as a staff complaint.

A. Normal Appeals Process:

- ☐ Routine Appeal Processing
☐ Second Level Response

SCREEN OUT

B. Appeal Rejected:

- ☐ Reject with no appeal inquiry
☐ Reject: assign for review outside Appeal Process

THINK

C. Appeal Inquiry:

- ☐ Referred to _____ (insert appropriate department head) for Appeal Inquiry. The Original of the completed "Confidential Supplement to Appeal, Appeal Inquiry" (Attachment C) is to be forwarded to the Inmate Appeals Office to be filed with the appeal. **Inmates/Parolees will not be provided a copy of this confidential report.**

D. Formal Investigation:

- ☐ Refer to Internal Affairs, Central Intake Unit, for review and determination of action/investigation.

Please print and sign below:

D. W. BELL
Appeals Coordinator*D. W. BELL, CTF*

Date

11/28/07T. OCHOA
Hiring Authority

Date

11/28/07**SCREENED OUT****NOV 30 2007**

Attachment B

STAFF COMPLAINT CHRONOLOGICAL TRACKING WORKSHEET

Inmate/Parolee Name: Medina CDC #: E63667Appeal Log Number: 7Appeal Category/Issue: 7/ staff complaintDate Received in Appeals Office: 11/20/07Date Forwarded to Hiring Authority for Determination: 11/20/07

Date Appeal Inquiry Ordered: _____

Date Received by Appeals Coordinator for Assignment: _____

Assigned Unit/Staff Member: _____

Due Date: _____ Date Received Complete: _____

Comments: Rx 3/0 AS AN Appeal Inquiry, due to time
constraint violations. Rx assign to ASJ Central CPT AS AM
"Administrative Inquiry" only. D Bell, CCH

Attach to Appeal

RECEIVED CAL APPEALS NOV 20 2007

Page 7 of 20
ORIS PAC
**INMATE/PAROLEE
APPEAL FORM**
 CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. _____

1. _____

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME STEPHEN ESCONDON MEDINA	NUMBER E-63667	ASSIGNMENT Porter	UNIT/ROOM NUMBER C-5-115-up
---------------------------------	-------------------	----------------------	--------------------------------

 A. Describe Problem: See attached page and exhibits

If you need more space, attach one additional sheet.

 B. Action Requested: see attached page and exhibits

 Inmate/Parolee Signature: Stephen E. Medina Date Submitted: Nov. 12, 2007

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

RECEIVED CHIT

NOV 30 2007

RECEIVED CAL APPEALS NOV 20 2007

First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: _____ Due Date: _____

Interviewed by: _____

Staff Signature: _____ Title: _____ Date Completed: _____

Division Head Approved: _____ Returned _____

Signature: _____ Title: _____ Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____ Due Date: _____

☐ See Attached Letter

Signature: _____ Date Completed: _____

Warden/Superintendent Signature: _____ Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

☐ See Attached Letter

Date: _____

State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

November 30, 2007

MEDINA, E63667
FC0500000000115U

Log Number: CAL-C-
(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

There has been too great a TIME LAPSE between when the action or decision occurred and when you filed your appeal with no explanation of why you did not or could not file in a timely fashion. Time limits expired per CCR 3084.6(c). Therefore, if you would like to pursue this matter further, you must submit an explanation and supporting documentation explaining why you did not or could not file your appeal timely.

u/ 
Appeals Coordinator /
Calipatria State Prison

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

CDC 602

RECEIVED CAL APPEALS NOV 20 2007

I/M Stephen Escondon Medina

CDC E-63667 / CSP CAL C-5-115-up

November 12, 2007

A. Describe Problem:

On July 18, 2007, Prisoner, STEPHEN ESCONDON MEDINA, CDC E-63667, C-5-115-up, Calipatria State Prison, was injured seriously enough (while being transported in a CDCR Van), to be taken to the E.R. of a medical facility, treated and released.

See Exhibit "A" Alvarado Hospital Medical Center

Addressed to: Stephen Medina

Dated: July 18, 2007 / Time: 3:53 P.M.

Treating Physician: Arnold Kremer Do

The State employees driving the state motor vehicle (a large van) are CDCR Transporting Officers: R. HUESO and CASTONE.

See Exhibit "B" Body Receipt

Date: 07.18.07 and "stamped" July 20, 2007

B. Action Requested:

"Exhaustion of Administrative Remedies" of said CDC 602, for Injunctive Relief, due to the fact that money damages (\$5,000.00) and money is not available through the CDC 602 process. . .
See Booth V. churner, (2001) 149 L.Ed. 2d. 958.

Requesting CDC 602 be given a "Log Number" before Informal and or Formal Review due to CDC 602 and Exhibits getting "LOST" and or "NOT ANSWERED" by the addressed Staff members at the Informal Review Level.

This CDC 602 serves as "NOTICE" of what the Tort Claim is and damages/grounds upon which it rests.

Claim: Prisoner/Plaintiff: MEDINA, makes a claim under 42 U.S.C. Section 1983, against said named parties for "Deliberate Indifference" in protecting prisoner from being injured while in a State moving vehicle during a medical transportation trip to and from an outside medical facility.

RECORDED

NOV 30 2007

RECEIVED CAL APPEALS NOV 20 2007

EXHIBIT

"A"

FOUR PAGES

SCREENED OUT

NOV 30 2007



AFTER CARE INSTRUCTIONS

Patient: **stephen medina**

July 18, 2007 3:53 PM

PLEASE NOTE that the examination and treatment you received here have been rendered on an emergency basis. It is not intended to be a substitute for complete medical care. It is important that you be rechecked as recommended. Promptly report any new or remaining problems, since it is impossible to recognize and treat all elements of an injury or illness in a single visit.

DIAGNOSIS INSTRUCTIONS

PUNCTURE WOUND OF THE SKIN

DIAGNOSIS: You have a puncture wound of the skin. A puncture wound has a high incidence of infection because it frequently has bacteria, clothing or other material embedded deep in the wound. It is very important to observe for symptoms of infection which include redness, red streaks up an extremity, pain, swelling and/or drainage of pus. Follow up with a physician is important.

INSTRUCTIONS: If an extremity is injured, elevate to prevent swelling. Soak area in warm water 4 times a day for 10-15 minutes. Change the dressing after each soak and watch for infection. Do not prevent drainage by using an ointment or other type of occlusive dressing. (Gauze or other type of airy dressing is best.)

Cleanse with peroxide if crusting or scabbing occurs.

CONTACT THE DOCTOR IF: you develop symptoms of infection as mentioned above.

CALL THE FOLLOWING NUMBER(S) TO ARRANGE FOLLOWUP CARE IN 1-2days DAY(S).

Donovan Dr. for recheck

Treating Physician: **ARNOLD KREMER DO**

Calipatria State Prison

SEP 10 2007

Health Records
Inmate Copy

stephen medina

Alvarado Hospital Medical Center - (619) 229-3130

5384737

Page 1 of 1

RECEIVED CAL APPEALS NOV 20 2007

DATE	TIME	
2/8-57	1040	It out to Alvarado to see Dr. Byrd Endocrinologist. V/S 148/24. 93. 18. 76% O ₂ 97% sat
11/19/02		It denies concerns @ this time. It released to custody in state condition in handcuffs @ 10:15 PM. Parole at 138/88 102 98 70 12/12
11/18/02	1945	(S) Pl Back from Alvarado for primary hypothyroidism inadvertently while going out to squad - 2nd criminal. 67 sustained scalp puncture wound in transport van. (R/S) Verbalize 6/10. (energized) - NKDA (Punk) Rev. Mentine: 8/10/02 (S) 10/3/02 V/S 148/24 93 18 76% O ₂ 97% sat Dressings clean dry & active bleeding.
		(S) Primary hypothyroidism scalp puncture wound parietal head. (S) see CDC 7221 07-18-02 dtd.
		(S) Plu after pain med - but Pl said "I didn't ask for medicine my way" December 18 RMS/HYP-C.

California State Prison
SEP 10 2007
Health Records
Inmate Copy

INSTITUTION: Cal State Housing Unit: CS-123

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
Mentine, Steve
E 63667
02-27-47 05-123

INTERDISCIPLINARY PROGRESS NOTES

SCREENED OUT NOV 30 2007

THE ENDOCRINE CLINIC, P.C.

TEL: 313.333.3336 FAX: 313.333.3334

NAME: Medina, Stephen D.O.B.: 02/27/1947 M.R. # _____ DATE: 07/18/07

Follow-up of _____ year-old male / female with :
☒ Hypothyroidism (primary) / postablative / autoimmune / congenital / other: _____
☐ Hyperthyroidism (RAIT (date & dose): _____)
☐ Goiter (euthyroid / uninodular / multinodular / cystic / other: _____) Thyroiditis: _____
☐ Thyroid cancer: _____ type; dx: _____
☐ (other) _____
☐ s/p surgery: _____ (type/date): _____
☐ s/p RAIT: _____ (dose/date): _____
☐ last total body scan/thyrogen: _____

Who is on: 50 mcg. of levo-thyroxine daily (Synthroid/Levoxyl/Unithroid/Levothroid) ☐ misses ~ _____ doses / mo.
_____ mg. of PTU / Tapazole (methimazole) q.d. / b.i.d. / t.i.d. / q.i.d. [started: _____]
_____ mg. of Lopressor / Inderal / Atenolol / ToprolXL _____ x/day

Since the last visit, the patient has: (I = Improved, W = Worse, N = no significant, Y = present or yes)

_____ been asymptomatic and feels fine
_____ gained / lost _____ pounds
I W N Y: fatigue/lethargy/sleep abn. I W N Y: hair loss I W N Y: irritable
I W N Y: eye complaints I W N Y: anterior neck area pain/tenderness I W N Y: nervousness/depression
I W N Y: dysphagia, change in voice I W N Y: dyspnea
I W N Y: palpitations / tachy. / C.P. I W N Y: sweatiness
I W N Y: muscle weakness-aches / cramps I W N Y: cold / heat intolerance ☐ OTHER:
I W N Y: constipation / diarrhea I W N Y: edema
I W N Y: joint aches/stiffness / numbness/tingling I W N Y: menstrual disturbance / pubertal changes

☐ No hosp./surg since last visit.
☐ See pt form, doc./verified for in-depth recent ROS, hosp., family hx. & complete med. list.

P. E.: BMI/Height: 5'6 %, Weight: 149 %, BP: 112/86, P: 62, R: 19 temp.

PRESENT/abs. ABSENT/nil. (mild.....mod.....severe.....stable.....improving)

exophthalmos: ☐
lid lag: ☐
convergence: ☐
stare: ☐
extra-ocular m.: ☐
p-orbital edema: ☐
conj. injection: ☐
eyebrow thinning: ☐

☒ (nil)
☒ (nil)
☒ (nil)
☒ (nil)
☒ (nil)
☒ (nil)
☒ (nil)

Hertel exophth. R: _____ mm. L: _____ mm. ; baseline: _____ mm.

NI skin & hair texture: (Y)(N) _____
facial puffiness: (Y)(N) _____
Oropharynx is benign: (Y)(N) _____
Hoarseness: (Y)(N) _____

Clear chest, CV- reg. rate \emptyset m/g: (Y)(N) _____

DTRs: _____ & =; delayed relaxation: (Y)(N) _____

Carotid / dpedis / pibial pulses: (Y)(N) _____

peripheral edema: (Y)(N) _____

proximal muscle weakness: (Y)(N) _____

diaphoresis: (Y)(N) _____; tremor: (Y)(N) _____

Tanner _____ pubertal status.

☐ quads, ☐ deltoids, ☐ biceps

THYROID AREA DESCRIPTION:

☐ Thyroid is normal size & consistency to palpation.
☒ The thyroid is not palpable.
☐ The goiter is diffuse / fibrotic / nodular / cystic
☐ Well healed scar
☐ There is good movement
☐ There is no significant cervical adenopathy/mass
☐ No hum, thrill, or bruit.
☐ Right lobe is _____
☐ Left lobe is _____
☐ Size: _____ gms.
☐ Chvostek sign is: + / - (circle)
☐ Trousseau sign is: + / - (circle)



☐ T4: _____
☐ T3RU: _____
☐ FTI: _____
☐ TSH: _____
☐ Free T4: _____
☐ Ca: _____
☐ Thyroid U/ _____
☐ Other: _____
☐ T3: _____
☐ TG: _____
☐ TG-Ab: _____
☐ TPO-Ab: _____
☐ TSH-R Ab: _____
☐ Ca / Mg / PO4

SEP 10 2007

Health Records
Inmate Copy

IMPRESSIONS/ RECOMMENDATIONS: _____ above [first section] _____ doing well. ☐ TSH purposely suppressed.
☐ D/W pt. risks of NOT taking medication including death.

1) Increase Synthroid to 0.075 mg p.o. daily
2) Recheck TSH and free T4 in 1 month. If TSH is still above normal, increase Synthroid to 0.1 mg daily. 3) Repeat TSH in 3 weeks 4) RCL in 2 months

☐ No changes at this time. ☒ Adjustment: 0.075 mg qd [] Will send rx.; [] will call in rx.; [] rx. given to pt.
Signed: _____ Follow-up in 2 months _____ year. Pt. letter sent: _____

Total Clinical Time: _____ min; Est. Counseling Time: _____ min. Fax to MD: [] Print copy TEC 9/04 A ©2004

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NOV 30 2007

Thanks for the consult

ORIGINAL

RECEIVED CAL APPEALS NOV 20 2007

STATE OF CALIFORNIA
CDC 7393 (11/02)

DEPARTMENT OF CORRECTIONS

NOTIFICATION OF DIAGNOSTIC TEST RESULTS

NAME <i>Medina, Stephen</i>	ODC NUMBER <i>F63067</i>
INSTITUTION <i>CAC</i>	HOUSING <i>05-123</i>
TYPE OF TEST <i>HBsAg</i>	DATE OF TEST <i>7/24/07</i>

YOUR TEST RESULTS HAVE BEEN EVALUATED BY A PHYSICIAN AND THE
FOLLOWING HAS BEEN DETERMINED:

- ☐ Your test results are essentially within normal limits or are unchanged and no physician follow-up is required.
- ☒ You are being scheduled for a follow-up medical appointment. You will be receiving a ducoat indicating your appointment time.
- ☐ A repeat test will be ordered. You will be ducoated for this test.
- ☐ A chronic care appointment has been scheduled for you. You will be receiving a ducoat indicating your appointment time.

NAME / TITLE

PHYSICIAN SIGNATURE

DATE

ORIGINAL FILE # UHR

CANARY Schedule

PINK Patch

SCREENED OUT

NOV 30 2007

RECEIVED CAL APPEALS NOV 20 2007

EXHIBIT

"B"

SCREENED OUT

NOV 30 2007

ORIGINAL

RECEIVED CAL APPEALS NOV 20 2007

State of California - Department of Corrections

BODY RECEIPT

Date 7-18-07

I have this date received from:

ALVARADO HOSPITAL(DR. BAZLE) TO CALIPATRIA STATE PRISON

Person Received MEDINA,S. B63667 CLO B C5-123U

Received from Court N/A Returned from Escape N/A Returned from Other MEDICAL

Property N/A

Cash N/A

The above listed is all the property and cash I had in my possession.

Person Received MEDINA,S. E63667

RHUESO

(Receiving Officer)

CASTONE

Institution Calipatria State Prison

CDC 123

TIME OUT: CONTROL SGT.

TIME IN: CONTROL SGT.

Vehicle No.

Staff:

Call Sign:

Route:

ENTERED

JUL 20 2007

ARDTS/CAL

Central Control

Sallyport

Transportation Office NOV 30 2007

SCREENED OUT

I wish to register a complaint against the following named employee(s) of the Department of Corrections:

Employee(s) Name	Description (Job title, ID number, vehicle and license number, home address, etc.)	Employee's Work Location (if known)
C/O: R. HUESO		CALIPATRIA S.P.
C/O: CASTONE		" " "

July 18, 2007	AFTERNOON	GAS STATION OUTSIDE SAN DIEGO, CA
Date(s) of Incident	Time of Incident	Location of Incident

Details of Complaint (Include nature of complaint, names and addresses of witnesses and other involved parties, names of any law enforcement or social services agencies, doctors or attorneys contacted, a chronology of the events, etc. It is important to include as many factual details as possible so that your complaint may be thoroughly investigated. Attach additional sheets if necessary.)

On July 18, 2007, Prisoner MEDINA, S.E., E-63667, CSP CAL C-5-115-up, was injured in an accident seriously enough to be taken to an E.R. medical facility, treated and released. The State employees named above were the persons responsible. (See CDC 602 and exhibits).

In order that the Department may contact you relative to your complaint, please provide the following:

Name: (please print) STEPHEN ESCCONDON MEDINA Home Phone: ()
Address: CSP CAL C-5-115-up / P.O. Box 5006 Work Phone: () Ext.
Calip

If your complaint is against a Department peace officer, you must read and sign the following statement:

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A PEACE OFFICER FOR ANY IMPROPER PEACE OFFICER CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS' COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER INVESTIGATION THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT; EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER BEHAVED IMPROPERLY. CITIZEN'S COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS. IT IS AGAINST THE LAW TO MAKE A COMPLAINT THAT YOU KNOW TO BE FALSE. IF YOU MAKE A COMPLAINT AGAINST A DEPARTMENTAL PEACE OFFICER KNOWING THAT IT IS FALSE, YOU CAN BE PROSECUTED ON A MISDEMEANOR CHARGE.

I have read and understand the above statement:

Stephen E. Medina
Signature Date

Your complaint may be submitted to any supervisor or manager of the Department, or may be addressed to the Department's Office of Investigative Services at any of the Regional Offices indicated on the reverse of this form. Intentional filing of a false complaint against any departmental employee may result in adverse action against the complainant and/or prosecution under California law.

For Departmental Use Only:

SCREENED OUT

NOV 30 2007

Official Receiving Complaint

Office/Institution

Date Received

11.12.07

RECEIVED CAL APPEALS NOV 20 2007

From: Stephen Escondon Medina
CDC E-63667 / CSP CAL C-5-115-up
Calipatria State Prison

To: Appeals Coordinator

November 12, 2007

Dear A.C.:

Greetings from Calipatria State Prison. Enclosed, please find the following documents that I ask you to Log an Appeal Number to, stamp "Received" on all said documents and forward to said Parties named within the body of the CDC 602 for "Exhaustion of Administrative Remedies for Injunctive Relief. Thank You.

Respectfully Submitted,



Stephen E. Medina

rm33

cc: attorney / file

enclosures: CDC 602 dated: 11.12.07

Alvarado Hospital Medical Center/Dated: 07.18.07

Body Receipt/Dated: 07.18.07

~~Government Claims Form~~ (mailed at)

CDC California I/M Trust Accounting Statement/Dated: 10.30.07

(2) Citizen's complaint CDC 2142 Forms/Dated: 11.12.07

SCREENED OUT

NOV 30 2007

DECLARATION OF SERVICE BY U.S. MAIL

Case Name: **Medina, Stephen Escondon v. R. Hueso, et al.**

No.: **08CV0896 JLS RBB**

I declare:

I am employed in the Office of the Attorney General, which is the office of a member of the California State Bar, at which member's direction this service is made. I am 18 years of age or older and not a party to this matter; my business address is 110 West A Street, Suite 1100, P.O. Box 85266, San Diego, CA 92186-5266.

On August 12, 2008, I served the attached **DECLARATION OF D. BELL IN SUPPORT OF DEFENDANT'S MOTION TO DISMISS THE COMPLAINT** by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States Mail at San Diego, California, addressed as follows:

Stephen Escondon Medina
E-63667
Calipatria State Prison
P. O. Box 5005
7018 Blair Road
Calipatria, CA 92233-5005

In Pro Per

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct and that this declaration was executed on August 12, 2008, at San Diego, California.

D. Daswani

Declarant

Signature

70133319.wpd